DEC-22-2005 13:22

CONLEY & ROSE PC

9727312289

P.02

DEC 2 2 2005

DEC 2 2 2005

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Ellective on 12/08/2004.			Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Numb	K	10/660,050			
FEE TRANSMITTAL				Filing Date		September 10, 2003			
For FY 2005				First Named Inve	ntor	Howard W. DeMoore, et al.			ıl.
				Examiner Name Robert H. Muromo			oto, Jr.		
✓ Applicant claims small entity status. See 37 CFR 1.27			Art Unit	t Unit 3765					
TOTAL AMOUNT OF PAYMEN	IT (\$)	25.00		Attorney Docket N	No.	4040-076	600		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number, 50-1515  Deposit Account Name: Conley Rose, P.C.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Gredit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038. FEE CALCULATION									
1. BASIC FILING, SEARCH	. AND E	XAMINATION FE	ES						
	ILING F	ees s			EXAM	NATION F			
Application Type Fo	<u>Sr</u> 99 (\$)	nall Entity Fee (\$)	ee (\$)	Small Entity Fee (\$)	Fee (	Small En E) Fee (\$		Fees Pa	<u>id (\$)</u>
Utility 3	00	150 5	500	250	200	100	_		· .
Design 2	:00	100	100	50	130	65	-		
Plant 2	:00	100 3	300	150	160	80	-		
Reissue 3	00	150 5	500	250	600	300	_		
Provisional 2	.00	100	0	0	0	0	-		
2. EXCESS CLAIM FEES	F (A)								
Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Fee (\$) Fee (\$)  50 25									25
Each independent claim over	3 or, for	Reissues, each in	idepei	ndent claim more	e than	in the orig	inal patent		100
Multiple dependent claims 360 180									
Total Claims HP=56 Extra 23 - 20 or HP=	1	Fee (\$) x 25.00 = _		ai <b>d (\$)</b>  5.00	Fee		Fee Paid (	(\$)	ì
HP = highest number of total claims paid for, if greater than 20									
Indep. Claims HP=13 Extra -3 or HP =	a Claims	Fee (\$)		aid (\$) 0.00					
HP = highest number of independent claims paid for, if greater than 3									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
-100 = 0 /50 = 0 (round up to a whole number) x 0 = 0.00									
4. OTHER FEE(S)  Fees Paid (\$)									
								0.00	
Other:								_=	

SUBMITTED BY						
Signature	abut C. Wetrack	Registration No. 27,145	Telephone (972) 731-2288			
Name (Print/Type)	Albert C. Metrailer		Date 12-21-2005			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 mirrutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DN NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completion the form call 1-800-PTO-9199 and select option 2

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

9727312289

P.03

DEC 2 2 2005

Group Art Unit: 3765

Confirmation No.: 7301

Atty Docket: 4040-07600

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

തതതതതതതത

Applicants: Howard W. DeMoore, et al.

Serial No.: 10/660,050

Filed: September 10, 2003

For: Printing Press Cylinder

Flexible Jacket Covering

Examiner: Robert H. Muromoto, Jr.

Printing Press Cylinder

**CERTIFICATE OF TRANSMISSION** 

I hereby certify that this correspondence is being transmitted via facsimile to number 751-273-8300, addressed to Commissioner for Patents, Mail Stop Amendment, P.O. Box 1450, Alexandria, VA

(Date of Deposit)

/- Ox acc?

Jean Brown

22313-1450

Commissioner For Patents Mail Stop Amendment P. O. Box 1450 Alexandria VA 22313-1450

AMENDMENTS AND RESPONSE TO OFFICE ACTION OF SEPTEMBER 27, 2005

Sir:

In response to the Office Action dated September 27, 2005, Applicants respectfully submit the following amendments to the above-identified application. The changes made are shown by underlining the added text and striking through or double bracketing the deleted.

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

12/27/2005 EFLORES 00000052 501515 10660050

01 FC:2202 25.00 DA

P.01

DEC 2 2 2005

# FAX TRANSMITTAL COVER SHEET

## CONLEY ROSE, P.C. 5700 Granite Parkway, Suite 330 Plano, Texas 75024-6616

Fax Number: (972) 731-2289 Telephone Number: (972) 731-2288

#### PLEASE DELIVER THE FOLLOWING PAGES IMMEDIATELY TO:

NAME::

Robert H. Muromoto, Jr., Group Art Unit 3765

U.S. Patent and Trademark Office

FAX:

571.273.8300

FROM:

Albert C. Metrailer (by Jean Brown)

DATE:

December 22, 2005

RE:

U.S. Patent Application Serial No. 10/660,050

Amendment and Response to Final Office Action Dated September 27, 2005

REMARKS:

Total Number of Pages (Including This One):

14

OUR CLIENT/MATTER NO.:

4040-07600

YOUR REFERENCE NO.:

Application S/N 10/660,050

## IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL 972-731-2288 AS SOON AS POSSIBLE

This facsimile and the information it contains is intended to be a confidential communication only to the person or entity to whom it is addressed. If you have received this facsimile in error, please notify us by telephone at the above telephone number and return the original to this office by mail.